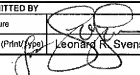


Effective on 12/18/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2009		Complete If Known Application Number 10/572,827-Conf. #5253 Filing Date March 7, 2007 First Named Inventor Kenneth A. FELDMANN Examiner Name S. F. Baum Art Unit 1638 Attorney Docket No. 2750-1573PUS1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	350.00	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES Small Entity Fee (\$)		SEARCH FEES Small Entity Fee (\$)		EXAMINATION FEES Small Entity Fee (\$)		Fees Paid (\$)		
Application Type	Fee (\$)		Fee (\$)		Fee (\$)				
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195								Small Entity Fee (\$)	
Total Claims 17 - 21 or HP = 0 x 52.00 = 0.00		Extra Claims 0 x 52.00 = 0.00		Fee Paid (\$) 0.00		Multiple Dependent Claims Fee (\$) Fee Paid (\$) 390 195			
HP = Highest number of total claims paid for, if greater than 20.									
Indep. Claims 4 - 3 or HP = 1 x 220.00 = 220.00		Extra Claims 1 x 220.00 = 220.00		Fee Paid (\$) 220.00		HP = Highest number of independent claims paid for, if greater than 3.			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets 100 - 100 = 0		Extra Sheets 0		Number of each additional 50 or fraction thereof 0		Fee (\$) 0		Fee Paid (\$) 0	
(round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00									

SUBMITTED BY Signature  #47,604		Registration No. 30,330 (Attorney/Agent)	Telephone (856) 792-8855
Name (Print/Type) Leonard R. Svensson		Date November 1, 2010	